



Consumer benefits of new health care market rules

- No one can be denied, no lifetime limits
- Carriers must spend 80% of premiums on care
- Health plans held accountable for quality
- Essential benefits:
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral and vision care



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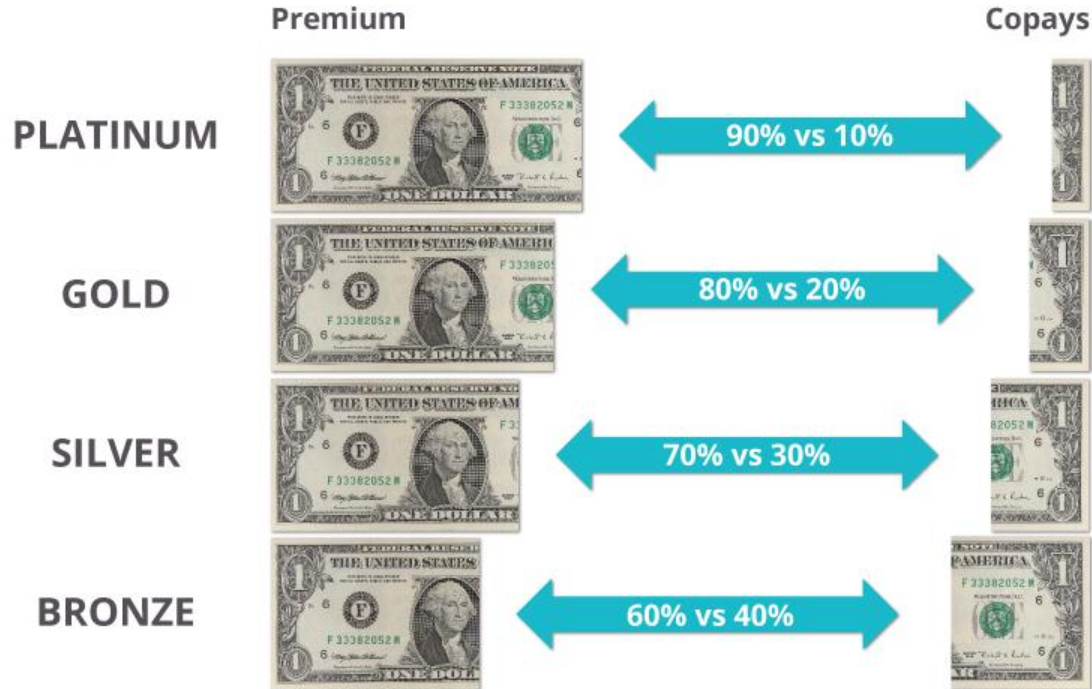


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Consumers make informed decisions about premiums vs. copays





Making care more affordable

PREMIUM

The Affordable Care Act sets the cost that the 2.6 million Californians eligible for financial assistance must pay as a % of their income; with the Federal government paying the balance



OUT-OF-POCKET COST

Standardized benefits provide out-of-pocket cost for essential health benefits; 1.6 million also get enhanced benefits



AFFORDABLE CARE

2.6 million Californians now can see their up front cost and the out-of-pocket cost for health care!

Covered California's 2014 standard plans for individuals — Key benefits

| | Platinum | Gold | Silver (Lower Cost Sharing Available on Sliding Scale) | Bronze |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------|
| COPAYS IN THE GREEN SECTIONS ARE NOT SUBJECT TO ANY DEDUCTIBLE AND COUNT TOWARD THE ANNUAL OUT-OF-POCKET MAXIMUM | | | BENEFITS IN BLUE ARE SUBJECT TO DEDUCTIBLES | |
| Deductible (if any) | No Deductible | No Deductible | \$2,000 Medical Deductible | \$5,000 Deductible for Medical and Drugs |
| Preventive Care Copay | No Cost — 1 annual visit | No Cost — 1 annual visit | No Cost — 1 annual visit | No Cost — 1 annual visit |
| Primary Care Visit Copay | \$25 | \$45 | \$45 | \$60 for 3 visits per year |
| Specialty Care Visit Copay | \$50 | \$65 | \$65 | \$70 |
| Urgent Care Visit Copay | \$50 | \$90 | \$90 | \$120 |
| Generic Medication Copay | \$5 | \$25 | \$25 | \$25 |
| Lab Testing Copay | \$25 | \$45 | \$45 | 30% |
| X-Ray Copay | \$40 | \$65 | \$65 | 30% |
| Emergency Room Copay | \$150 | \$250 | \$250 | \$250 |
| High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, PET Scans) | HMO Outpatient Surgery — \$250; Hospital — \$250 per day up to 5 days PPO 10% | HMO Outpatient Surgery — \$600; Hospital — \$600 per day up to 5 days PPO 20% | 20% of your plan's negotiated rate | 30% of your plan's negotiated rate |
| Brand medications may be subject to Annual Drug Deductible before you pay the copay | No Deductible | No Deductible | \$500 Drug Deductible then you pay the Copay Amount | No separate Drug Deductible |
| Preferred brand copay after Drug Deductible (if any) | \$15 | \$50 | \$50 | \$50 |
| MAXIMUM OUT-OF-POCKET FOR ONE | \$4,000 | \$6,400 | \$6,400 | \$6,400 |
| MAXIMUM OUT-OF-POCKET FOR FAMILY | \$8,000 | \$12,800 | \$12,800 | \$12,800 |



Covered California's 2014 Sliding Scale Plans – Family of 4

*Eligible for Federal Subsidy

| Annual Income | \$23,550 - \$35,325 | \$35,325 - \$47,100 | \$47,100 - \$58,875 | \$58,875 - \$94,200 |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Consumer Portion of Monthly Premium For Silver Plans (Balance paid by Federal subsidy) | \$39 - \$118 | \$118 - \$247 | \$247 - \$395 | \$395 - \$746 |
| COPAYS IN THE GREEN SECTIONS ARE NOT SUBJECT TO ANY DEDUCTIBLE AND COUNT TOWARD THE ANNUAL OUT-OF-POCKET MAXIMUM | | | BENEFITS IN BLUE ARE SUBJECT TO EITHER A MEDICAL DEDUCTIBLE, DRUG DEDUCTIBLE, OR BOTH | |
| Deductible (If Any) | No Deductible | No Deductible | \$1500 Medical Deductible | \$2000 Medical Deductible |
| Preventive Care Copay | No Cost – 1 Annual Visit | No Cost – 1 Annual Visit | No Cost – 1 Annual Visit | No Cost – 1 Annual Visit |
| Primary Care Visit Copay | \$4 | \$20 | \$45 | \$45 |
| Specialty Care Visit Copay | \$6 | \$25 | \$55 | \$65 |
| Urgent Care Visit Copay | \$8 | \$40 | \$90 | \$90 |
| Lab Testing Copay | \$6 | \$20 | \$45 | \$45 |
| X-Ray Copay | \$10 | \$25 | \$65 | \$65 |
| Generic Medication | \$4 | \$8 | \$20 | \$25 |
| Emergency Room Copay | \$25 | \$75 | \$250 | \$250 |
| High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, Pet Scans) | HMO Outpatient Surgery — \$250; Hospital — \$250 per day up to 5 days PPO 10% | HMO Outpatient Surgery — \$600; Hospital — \$600 per day up to 5 days PPO 20% | 20% of Your Plan's Negotiated Rate | 20% of Your Plan's Negotiated Rate |
| Brand Medications May be subject to Annual Drug Deductible before the Copay | No Deductible on Brand Drugs | \$50 Brand Drug Deductible then you pay the Copay Amount | \$500 Brand Drug Deductible then you pay the Copay Amount | \$500 Brand Drug Deductible then you pay the Copay Amount |
| Preferred Brand Copay After Drug Deductible | \$7 | \$18 | \$30 | \$50 |
| MAXIMUM OUT-OF-POCKET FOR ONE | \$2,250 | \$2,250 | \$5,200 | \$6,400 |
| MAXIMUM OUT-OF-POCKET FOR FAMILY | \$4,500 | \$4,500 | \$10,400 | \$12,800 |



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